



CITY OF
**EAU
CLAIRE**

List All Members On Pass

First & Last Name	DOB	Gender

**Fairfax Park Municipal Pool Membership
Membership Purchase/Renewal**

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

- | | |
|---|--|
| <input type="checkbox"/> Youth Single (\$63/\$93) | <input type="checkbox"/> Family of 5 (\$195/\$267) |
| <input type="checkbox"/> Adult Single (\$77/\$107) | <input type="checkbox"/> Family of 6 (\$215/\$287) |
| <input type="checkbox"/> Family of 3 (\$155/\$227) | <input type="checkbox"/> Family of 7 (\$235/\$307) |
| <input type="checkbox"/> Family of 4 (\$175/\$247) *2 years and under free | |

*\$20 for each additional family member. *Only 2 adults allowed on family membership.

*All members on the pass must reside under the same physical address.

*First Price is City Resident Rate. *Second Price is Non-City Resident Rate.

***Prices listed are the regular prices for purchase from**

April 1 - August 25. (Must be received in office by this date)

Payment Information:

American Express MasterCard

Card #: _____

Total Enclosed: _____

Discover

Visa

Exp: _____ **CVC:** _____ **Zipcode:** _____

Make Checks Payable to:

Eau Claire Parks and Recreation

Mail To: Parks & Recreation

915 Menomonie Street, Eau Claire, WI 54703